

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 097857386	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓	2	↓		↓			↓		↓		↓
TOTAL DEP.		←	23	←		←			←		←		←
TOTAL CLAIMS			25										

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS